

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015369

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 71Primary Registration District No. 3012Registrar's No. 40VS 300  
Rev. 4/59600126001

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12-013-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Excelsior SpringsLength of stay in lb  
9 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Excelsior Springs HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Clayc. CITY OR TOWN Excelsior SpringsInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
251 1/2 E. BroadwayReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First BessieMiddle D.Last Taggart

4. DATE OF DEATH

Month March Day 24 Year 19635. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
1-17-18899. AGE (last birthday)  
74IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At home10b. KIND OF BUSINESS OR INDUSTRY  
None11. BIRTHPLACE (City and state or country)  
Macoupin County, Ill.12. CITIZEN OF WHAT COUNTRY  
USA13a. FATHER'S NAME  
Edward Dixon13b. MOTHER'S MAIDEN NAME  
Sarah Jane Smith14. NAME OF HUSBAND OR WIFE  
Thomas Taggart15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[redacted]17. INFORMANT  
Address 251 1/2 E. Broadway  
Fay Southwick, Excelsior Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage & cerebral 14 daysencephalomalacia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension yrs

DUE TO (c)

Generalized arteriosclerosis yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Viral Influenza 2 mo. prior to deathPART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 4:50 a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June '57 to 24 Mar '63 and last saw her alive on 22 Mar '63  
Death occurred at 4:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE  
George E Sanders MD

(Degree or title)

22b. ADDRESS  
Excelsior Springs, Mo.22c. DATE SIGNED  
3-26-6323a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial23b. DATE  
3-27-196323c. NAME OF CEMETERY OR CREMATORY  
Crown Hill23d. LOCATION (City, town, or county)  
Excelsior Springs, Mo.

(State)

24. FUNERAL DIRECTOR  
Prichard Funeral Home, Inc.ADDRESS  
Excelsior Springs, Missouri25. DATE RECD. BY LOCAL REG.  
3-26-6326. REGISTRAR'S SIGNATURE  
Caroline Stuchling

(Signed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 22 1963

Burial Permit issued 3-26-63 L.H.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Linley J. Jarmann

Licensed Embalmer No. 4589  
P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.